

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 4
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) WOMEN VOTE!		FEC IDENTIFICATION NUMBER ▼ C C00473918	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee The Strategy Group			Date of Public Distribution/Dissemination 10 / 28 / 2014		
Mailing Address 1603 Orrington Avenue Ste 1730			Amount 60183.92		
City Evanston	State IL	Zip Code 60201	Transaction ID : SE-6209		
Purpose of Expenditure Mailhouse		Category/ Type	Date of Disbursement or Obligation / /		
Name of Federal Candidate Scott Brown		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH		
Calendar Year-To-Date Per Election for Office Sought		559838.76	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Adelstein Liston			Date of Public Distribution/Dissemination 10 / 28 / 2014		
Mailing Address 222 West Ontario Street Ste 600			Amount 200000.00		
City Chicago	State IL	Zip Code 60654	Transaction ID : SE-6213		
Purpose of Expenditure TV Buy		Category/ Type	Date of Disbursement or Obligation 10 / 17 / 2014		
Name of Federal Candidate David Perdue		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: GA		
Calendar Year-To-Date Per Election for Office Sought		2196587.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	260183.92
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Caroline Fines

[Electronically Filed]

Date

10 / 28 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 2 OF 4
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) WOMEN VOTE!		FEC IDENTIFICATION NUMBER ▼ C C00473918	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Adelstein Liston			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014		
Mailing Address 222 West Ontario Street Ste 600			Amount 200000.00		
City Chicago	State IL	Zip Code 60654	Transaction ID : SE-6214		
Purpose of Expenditure TV Buy		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014		
Name of Federal Candidate David Perdue		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: GA		
Calendar Year-To-Date Per Election for Office Sought		2196587.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Adelstein Liston			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014		
Mailing Address 222 West Ontario Street Ste 600			Amount 200000.00		
City Chicago	State IL	Zip Code 60654	Transaction ID : SE-6215		
Purpose of Expenditure TV Buy		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014		
Name of Federal Candidate David Perdue		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: GA		
Calendar Year-To-Date Per Election for Office Sought		2196587.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	400000.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Caroline Fines

[Electronically Filed]

Date

MM / DD / YYYY
10 / 28 / 2014

Signature

NAME OF COMMITTEE (In Full) WOMEN VOTE!	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00473918 </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: flex-end; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; margin: 0 5px; text-align: center;">M M _ _</div> <div style="margin: 0 5px;">/</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px; text-align: center;">D D _ _</div> <div style="margin: 0 5px;">/</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px; text-align: center;">Y Y Y Y _ _ _ _</div> </div>	

Full Name of Payee Adelstein Liston		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 222 West Ontario Street Ste 600		Amount 6750.00	
City Chicago	State IL	Zip Code 60654	Transaction ID : SE-6216 Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure TV Production		Category/ Type	
Name of Federal Candidate David Perdue		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: GA
Calendar Year-To-Date Per Election for Office Sought		2196587.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee The Pivot Group		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>10 / 28 / 2014</div> </div>	
Mailing Address 1720 I St., NW Ste 550		Amount <div> <div>15166.71</div> </div>	
City Washington	State DC	Zip Code 20006	Transaction ID : SE-6217 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> </div>
Purpose of Expenditure Mailhouse	Category/ Type		
Name of Federal Candidate Thom Tillis		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		<div> <div>2887942.23</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	21916.71
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

[Electronically Filed]

Signature

Date _____

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

PAGE	4	OF	4
FOR SE OF FORM 24/48			

NAME OF COMMITTEE (In Full)
WOMEN VOTE!

FEC IDENTIFICATION NUMBER ▼

C C00473918

Check if ☒ 24-hour report ☐ 48-hour report

☒ New report ☐ Amends report filed on

M M M	/	D D D	/	Y Y Y Y Y Y

Full Name of Payee
Waterfront Strategies

Mailing Address 3050 K Street, NW
Ste 100

City	State	Zip Code
Washington	DC	20007

Purpose of Expenditure
TV Buy

Category/
Type

Date of Public Distribution/Dissemination

M M M	/	D D D	/	Y Y Y Y Y Y
10		28		2014

Amount

45000.00			
----------	--	--	--

Transaction ID : SE-6208

Date of Disbursement or Obligation

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2014

Name of Federal Candidate
Thom Tillis

☐ Support
☒ Oppose

Office Sought: ☐ House District: _____
☐ President ☒ Senate State: NC

Calendar Year-To-Date
Per Election for Office Sought

2887942.23

Disbursement For: ☐ Primary ☒ General
2014 ☐ Other (specify) ►

Full Name of Payee

Mailing Address

City	State	Zip Code

Purpose of Expenditure

Category/
Type

Date of Public Distribution/Dissemination

M M M	/	D D D	/	Y Y Y Y Y Y

Amount

--	--	--	--

Date of Disbursement or Obligation

M M M	/	D D D	/	Y Y Y Y Y Y

Name of Federal Candidate

☐ Support
☐ Oppose

Office Sought: ☐ House District: _____
☐ President ☐ Senate State: _____

Calendar Year-To-Date
Per Election for Office Sought

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures..... ►

45000.00

(b) SUBTOTAL of Unitemized Independent Expenditures ►

(c) TOTAL Independent Expenditures..... ►

727100.63

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Caroline Fines

[Electronically Filed]

Date

M M M	/	D D D	/	Y Y Y Y Y Y
10		28		2014

Signature